

healthspace

helping you make the most of your health

Issue 13

July 2006

Welcome Back

'It's been a while since the last issue of Healthspace so I thought it would be a good opportunity to catch up on some of the changes in the practice over the last year.'

There have been lots of changes in the practice over the last year, many of which have come about from comments received in our patient survey. We have also provided a system in the practice of comment and suggestion slips for you to fill in with any ideas, comments or information you would like to see. This will enable us to receive your input all year round not just in the yearly patient survey.

We welcome suggestions on services you would like to see, any article suggestions for Healthspace, any areas of our services you would like to be explained better. We will do our best to look at all your suggestions to see if they would be feasible.

The practice has updated its website so if you have access please take a look. It provides information on the services we provide as well as links to helpful websites such as NHS Direct Self help guide and offers links to other tools that you may want to look at. There is also a Healthspace section offering information on Healthy mind, body, relationships and World. You can also access an online version of this newsletter and back dated issues.

The practice has produced a number of leaflets to help explain services in the practice. There are currently three, (appointment system, out of hours services, and information for patients) these are available from the surgery. Hopefully these will be expanded on in the future.

An independent Pharmacy has been opened at our Conygre site.

We are currently trialling opening our Conygre site on Friday afternoons and also trialling having earlier morning appointments with two doctors each doing this one session a week.

We are also trialling a new touch screen check in system at our Stoke Gifford site. This allows you to let us know you have arrived for your appointment by using a touch screen computer located in the waiting room without the need to go to the reception desk. This will hopefully minimise the time it takes to check in for your appointment because you won't have to wait at the desk. Please follow the instructions on the screen and there are also instructions on the wall next to the screen. If you have any problems with this please contact the reception desk.

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Things to look out for

We are hoping to add a repeat prescription section to our website. This will allow you to request prescriptions online instead of having to drop them into the surgery. In the mean time please remember that you can fax us your requests on the usual surgery fax line or both surgeries have a post box which you can post your requests through if the surgery is closed. You can still drop requests into the surgery during opening hours.

Emily Nicholls

Patient Articles

Diabetes—Not all Bad News

In December 2003 I was diagnosed with Type 2 Diabetes. All I knew about diabetes was I would have to cut out sugary and sweet things, not that I ate many anyway. After my meeting with Annie I realised that there was going to be more to it than that. The booklet I was given left me in no doubt that a change of life style was going to be called for.

I'd known for a long time that I was very overweight but told myself that as I didn't feel ill and that I didn't mind being a size 24 I needn't do anything about it, now was the moment of truth and at least 3 stone had to go!!! I had a meeting with the Dietician who was happy with my diet but not so happy with the size of meals—so smaller meals for me. At the time of writing this I have lost over two stones and am on the way to my target weight of 11st. 7lbs.

Next on my list of 'to do's' was EXERCISE!!! On my visit to Southmead Hospital to attend an information afternoon I picked up a pamphlet for a twelve weeks free course of exercise being run at Frenchay Hospital by their diabetic unit. I later learned that the course is called Extend. I applied to join and in September of 2004 I went for my first keep fit hour. This was the first exercise regime I have ever undertaken. I cannot recommend it highly enough. There were no stick thin beautiful people in leotards, we were all older people with health problems (I think everyone had diabetes) and some had other serious health problems. On our first week we were weighed and had our waist measurement taken and were told this would be done again on the last week. The exercise class was taken by Jill who was patient and encouraging but worked us hard (as she says the idea is to keep all our bits and pieces working) whilst making it fun. Julie, the diabetes nurse was always on hand to make sure everyone was alright and Kathy, the dietician was there with advice and good things to eat. I finished my twelve weeks at the beginning of December, I had lost a little weight but I had lost 3ins off my waist (am I pleased about that!!!) I cannot praise the course highly enough. If you are a diabetic, give it a go, I know you will enjoy it. I obviously did as I now go to Jill's class twice a week, so do several other of the friends I made during the twelve weeks.

I've written this little piece in the hope that if you have recently been diagnosed with diabetes it needn't be all negatives. I have found several positives from my diagnoses and at the end of my first year with my change of life style and Annie's help and support I can honestly say that I feel fitter and healthier than I have for many years.

If you are interested in the Extend Exercise course please see the poster at the Health Centre

Stoke Gifford Patient

My Miracle

The date was January 23rd 1956. The time was 7.30pm and I was standing at the window of my hospital room looking out up at the stars. I started to think about 'Creation' and my maker who was out there somewhere—or was He?

I was feeling very anxious and concerned about what was going to take place the following day. So I started chatting to God—my prayers are always in the form of a chat, and I asked him to guide the surgeons hands when he performed the operation (if it was His will that I would survive the fairly new procedure).

You see, I was scheduled to have a major heart operation called Mitral Valvotomy the following day at 1pm. It was certainly in the early days of heart surgery and the cardio-thoracic surgeon Mr Dilwyn Thomas, who exuded calm and confidence, had told me there was a 50/50 chance of success. I was young—just 23 years old and my general health was good, but it would soon start to deteriorate. I had already resigned from my teaching post in Somerset because I could not cope physically with being the only games mistress for all the girls in the junior school.

I continued to stand there looking out of the window feeling surprisingly calm and peaceful until I was brought back from my reverie by Staff Nurse Gregory who had brought in a hot drink and sleeping tablets. I didn't feel I needed the tablets; I just knew I would have a good nights sleep. All the anxiety I had been feeling had gone and I felt surrounded by love, warmth and calm. I slept very well.

Tuesday January 24th dawned—the big day, a very important day because on the outcome of the operation depended my decision as to whether I would in fact marry my fiancé, Jack!!

The morning passed quietly and I spent most of the time with my younger sister Anne who was also in the same ward, having had a lung operation a fortnight before.

Soon I was being prepared for the operating theatre where I met my surgeon again. He was very re-assuring and said, 'I shall have a sharp little blade on the end of my forefinger and I will cut away the scar on the valve'. I looked up at him and said 'thank you'

I woke up in about five hours and I was back in my hospital room. I drifted in and out of consciousness for some time and vaguely remember my parents and two brothers popping in and out. I had a special nurse with me through the night who took my 'obs' every 15 minutes. When I saw the surgeon next he patted me on the shoulder and said 'This should be a good result'.

God had lovingly answered my prayers and I have been forever thankful for his love and his gift of 'the peace that passes understanding'.

I was married eight weeks later to my darling Jack who never 'gave up' on me

Forty-nine years have now passed—I've had two wonderful children ; did a teaching job I loved for twenty years and still haven't needed a Mitral Valve.

This is my miracle

Conygre Patient



Practice Pointers

Here are some reminders about the services the practice offers and how to make best use of them:

1. You can book a limited number of appointments up to 1 week in advance, otherwise book on the day. Phone lines open at 8.30am. and again at 1.30pm. A leaflet on the appointment system is available in the surgery.
2. Telephone consultations can be booked if you just need to speak to a doctor, not see one face to face. This can be a convenient way of getting the advice you need. Ask the receptionist for a telephone consultation.
3. We have Nurse Practitioner appointments available for new undiagnosed illness, particularly minor illness.
4. We no longer hold Saturday morning surgeries at our medical centres. If you have an urgent medical problem (not a routine problem) at the weekend then phone the practice number and you will be able to access NORDOC, the out-of-hours service based at Southmead Hospital. The calls are triaged by NHS Direct most of the time.
5. If you need routine contraceptive care (new Pill prescription etc) then please make an appointment to see a practice nurse rather than a doctor.
6. If you are on treatment for high blood pressure and need a routine blood pressure check (usually once or twice a year) this can be carried out by a practice nurse rather than taking a doctor's appointment.
7. GP appointments are normally at 10 minute intervals. This means that it may not always be possible to deal with a long list of problems at a single appointment. We appreciate your help in trying to keep to these times to avoid undue waiting.
8. We do our best to keep to appointment times but apologise for those occasions when you are kept waiting. This is usually because something unforeseen has occurred or a patient has needed more time because of a serious or difficult problem.
9. If you have previously seen a doctor and simply need to discuss results of tests then a telephone consultation may be more appropriate. You can book a telephone consultation through the receptionist. Alternatively you can ask the receptionist whether your results were normal or whether you need to see a doctor to discuss.
10. We run an Asthma Clinic at both medical centres to improve the symptoms of patients with asthma and to help prevent serious episodes. If you are having some

problems with your asthma (eg having to use your reliever inhaler more than once a day) then please book an asthma clinic appointment. It is a good idea to have a routine review every 1-2 years. If it is inconvenient to attend the clinic then why not book an asthma clinic telephone consultation with the asthma nurse! A lot can be achieved even just over the telephone.

11. Insurance or HGV Medical Examinations can be carried out in the practice. These examinations are private and not part of NHS provision. They are carried out at various times during the week but can sometimes be difficult to fit in because of the demand for NHS appointments. We will do our best to meet your requirements but please understand that our work with sick people has to take priority.
12. The first week of an illness is covered by a self-certificate from your employer. You should not need an appointment simply for a medical certificate during this time.
13. If you cannot attend your appointment please let us know so that the appointment is not wasted but can be offered to someone else.
14. If you need a doctor urgently when the medical centres are closed then phone **0845 1205585**.

Practice Requests

I am the Practice Development Co-ordinator and I am currently doing a Primary Care Management Diploma. As part of this I am required to research and implement a project within the practice. To manage this I need your input. So if you are a patient at Stoke Gifford or Congre Medical Centres and you would be willing to help by offering your point of view I would like to know.

If you could give your contact details to reception to say you would be willing to help then I will get in contact with you over the next few months.

The area I would like to research is communication with patients about practice based commissioning. I realise that many of you will be unsure what that is and that is kind of the point.

Thank you for your time and help

Emily Nicholls

Summer Time Some things to remember when enjoying the summer sun and travelling.

Travel Well

It is not unusual to have people come to the surgery after holidays abroad. There are numerous problems that you may encounter but, thankfully, with careful preparation many of them can be avoided. Here is a check list of things to consider:

European health insurance card. This entitles you to reduced-cost, sometimes free, medical treatment while you're in a European Economic Area country or Switzerland. Replaces the old E111. Get a form from the post office or apply on-line or by telephone (0845 606 2030).

Travel insurance.

Travel immunisation. Ask for a form from medical centre reception to assess your requirements. Try to allow 8 weeks prior to travel.

Malaria prophylaxis for areas where there is a risk. Available over the counter at the pharmacy for some areas; other areas need a private prescription. We can advise you if you fill out the relevant form from the receptionist.

Remember to take an adequate supply of any regular medication you take.

Take some basic medication with you eg: paracetamol/ ibuprofen for pain or fever; loperamide and oral rehydration product for diarrhoea; antiseptic and moisturising cream for sore skin.

First aid kit, depending on type of holiday: plasters, thermometer, bandages, dressings; sterile needles/ syringes kit for some destinations (available from NOMAD or MASTA).

Water sterilisation tablets where water quality is poor.

Insect spray or other mosquito repellent.

Sunblock cream/spray – at least factor 15.

Contraception.

There are several web sites that offer good information about travel health. For example:

NHS travel advice:

www.dh.gov.uk/PolicyAndGuidance/HealthAdviceForTravellers/

Independent UK travel site: www.travelhealth.co.uk/

BBC travel advice:

www.bbc.co.uk/health/healthy_living/travel_health/

Fit for Travel: www.fitfortravel.scot.nhs.uk/

Traveller's Diarrhoea

Between 20-50% of people travelling to high risk destinations (most of Latin America, Africa, the Middle East, and Asia) get Traveller's Diarrhoea (TD). It usually starts during the first week of travel but can be later, even after arrival back home. The symptoms are frequent loose stools, abdominal cramps, nausea, bloating, vomiting, fever, and generally feeling unwell.

TD is acquired through ingestion of faecally contaminated food or water or both. Thankfully, most cases settle in 3-4 days but about 10% last a week or more. TD can be caused by a variety of bacteria, viruses and parasites that the traveller may not have encountered before. The commonest is a toxic form of E.Coli but others include salmonella, shigella, cambylobacter, rotavirus and giardia.

Prevention

No vaccines are available

Prophylactic antibiotics are not recommended because of a variety of risks from widespread use; they are sometimes suggested for critical journeys (discuss with doctor)

Meticulous attention to hygiene during food and drink consumption can decrease the likelihood of developing TD

Some useful precautions include:-

Unless you are sure of the purity of the water supply, don't drink it. This also applies to water used for ice-cubes and for cleaning teeth.

Water from sealed lid bottles is usually safe, as are hot tea and coffee, fizzy drinks, beer and wine.

Take care with local cheeses and ice cream. Boil unpasteurised milk before use.

Cook meat thoroughly and eat while still hot. Avoid leftovers.

Fish and shellfish may be hazardous even if well cooked. Take local advice, but avoid seafood if in doubt.

Eat only cooked vegetables and avoid salads.

Peel all fruit, including tomatoes. Avoid food exposed to flies.

Wash all dishes and cutlery in clean, hot water.

Wash your hands thoroughly before eating or handling food, and always after using the toilet.

TREATMENT

Most cases are self-limiting and simply need plenty of fluids; oral rehydration solutions such as Dioralyte, Electrolade or Rehidrat are ideal

Loperamide can relieve the symptoms of frequent stool, abdominal pain and bloating

Seek medical advice if there is high fever, blood in stool or the patient is quite ill; antibiotics may then be beneficial. Sudden onset is most likely to be bacterial and ciprofloxacin 500mg twice daily for 3 days is usually the treatment of choice

Summer Sun



When summer is here, let's go outside and enjoy it—it's good for our health. But 'how to do it safely?' - that's the question. Here are some suggestions

R Avoid Sunburn

Be careful to avoid any sunburn, which is bad for your skin and could ultimately be dangerous for your health because it can lead to malignant melanoma in later life.

R Cover up

Covering up is the best way to avoid sunburn. A hat (especially if you have a bald head!) and long-sleeved shirt is ideal. The protection from clothing does depend on the weave, colour and type of fabric. For example, a typical T-shirt only has a sun protection factor (SPF) of about 5—and if it is wet, considerably less. The looser the weave, the less protection as the sun gets through the holes. Dark colours are actually better than light because they absorb more sunlight. Polyester garments are often more protective than cotton and linen. Some clothing manufacturers now give a protection rating (this has been pioneered in Australia, which has the highest rate of skin cancer in the world).

R Beware of Midday Sun.

The sun is most powerful when it is more over head (say between 11am and 3pm) because UV radiation has less atmosphere to travel through to your skin. Cover up especially at these time—long sleeve shirts and hats are ideal. Also, the intensity increases about 4% for every 1000 feet in altitude so be careful in the mountains.

R Do use Sunscreen

The frequent and liberal use of sunscreens can help a lot. Broad-spectrum action is needed, protecting against ultraviolet A (UVA) and B (UVB). UVB causes most of the sunburn but both UVA and UVB are probably responsible for causing melanoma the most serious type of skin cancer. The commonest mistake (after not covering up or not using sunscreen) is not using enough of the sunscreen product. You really have to put plenty on and reapply it every 2-3 hours. It is best to use a product with at least SPF 15

Travellers Thrombosis (DVT)

During the trip

- Be comfortable in your seat
- Bending and straightening your legs, feet and toes while seated every half-hour or so during the flight is advised
- Pressing the balls of your feet down hard against the floor or footrest will increase blood flow in your legs and reduce clotting
- Upper body and breathing exercises can further improve circulation
- Take occasional short walks, when in-flight suggests that it is safe
- Take advantage of refuelling stopovers where it may be possible to get off the plane and walk about
- Drink plenty of water
- Be sensible about alcohol, which in excess leads to dehydration and immobility
- Avoid taking sleeping pills which also cause immobility.

After the trip.

For the vast majority of air passengers there will be no problem. If, however, you do develop swollen and painful legs especially where one is more effected than the other, or breathing difficulties, see a local doctor urgently or go to the nearest Accident and Emergency Department.

The risk of DVT in the general population is about 1 in 5000 per year. These risks may be increased with long haul flights (but also with other forms of long distance travel with prolonged inactivity).



Coping with Hay fever

What's in a name?

It's not a good name is it? It's not caused by hay and there's no fever. It was the British doctor John Bostock who coined the term "Hay fever" because he had symptoms that were worse during the British haying season. The term has continued in use to describe the sneezing, runny nose, congestion and itchy eyes and sometimes seasonal asthma that so many people experience.

The hay fever season generally begins with the release of pollen by trees. This may start as early as February and continue to late May. Trees such as birch and oak are often the cause. For most people it is grass pollens that cause the allergic reaction.

Most people with hay fever are allergic to grass pollens, which appear between May and September but are at their peak in June and July. Later in the year, from summer into autumn, levels of weed pollen and fungal spores rise and may cause problems.

Hay fever is an allergic reaction in which the immune system identifies pollens and spores in the air as being foreign material. An immune response results which in some people is exaggerated – so causing the symptoms of hay fever.

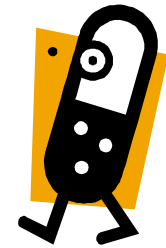
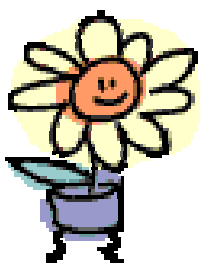
Blame the weather?

The weather has a significant effect on hay fever. On a sunny day flowers open in the morning and pollen is carried in the air, the pollen count increasing throughout the day, often reaching a peak in the early evening. Rain, on the other hand, can clear the air of pollen, reducing the pollen count.

Preventing hay fever

There are a number of strategies that can help reduce the severity of hay fever. These include:

- If you can, consider staying indoors on dry sunny windy days when pollen counts are high.
- Keeping doors and windows shut will help prevent pollen entering your house or car.
- Mowing and raking can cause problems; consider wearing a dust mask if you have to do these jobs.
- Take a shower, wash your hair and change your clothes if you have been out in the pollen and want to reduce your symptoms. This can also help reduce night-time symptoms by preventing pollen being on your pillow.
- Avoid going outside in the early evening when the pollen count is usually at its highest.
- Wearing sun glasses may help prevent pollen getting in your eyes, especially wrap-around ones.
- Avoid grassy areas, particularly in the early evening when there may be a lot of pollen at ground level.



Treating hay fever

There are numerous hay fever treatments available over-the-counter which can be very effective. These include:

Antihistamines taken as tablets or liquid can reduce the symptoms of sneezing, runny nose, itchy eyes. They are less effective for nasal congestion. Older ones often cause drowsiness and have to be taken frequently but the newer ones (eg loratadine, cetirizine) are less sedating and usually once daily.

Decongestants can help clear a blocked nose. Nasal sprays or drops (eg Otrivine) work very rapidly but should only be used occasionally or for a few days – otherwise they can make things worse through a 'rebound' effect. Oral decongestants are also available.

Inhaled steroid nasal sprays (eg Beconase) reduce inflammation in the nose and can be very effective if used regularly.

Eye drops can be very helpful eg those containing sodium cromoglycate.

Sometimes it is necessary to combine treatments eg anti-histamine plus eye drops plus nasal spray.

A normal saline nasal douche can be very helpful for clearing the nose of catarrh. The solution can easily be made by dissolving 9 grams of salt in 1 litre of water (silicon free sea salt is preferred) and adding a small pinch of sodium bicarbonate (baking powder). This 'normal' strength of solution is important. This can be sniffed into the nose and the nose rinsed. The solution can be kept in a bottle for a week and used daily or when necessary. Good for other nose and sinus problems too!

In the past steroid injections were sometimes used to treat severe hay fever. These are no longer considered to be safe. Occasionally GP's prescribe oral steroids in severe cases of hay fever especially if symptoms occur at a critical time eg during exams.

There are herbal and homeopathic complementary therapies available for hay fever though research on their safety and effectiveness is limited. Examples are the herb butterbur and the homeopathic remedy allium cepa.

Dr Jonathan Jelfs

New initiatives

Quality and Outcomes Framework

A major change in the new GP contract introduced in 2004 was that much greater emphasis was placed on quality of care, management of a number of long term conditions and practice organisational factors. GP practices are assessed on a large number of factors and practice income is partly determined by these quality markers.

The good news is that in 2005/06, the practice achieved maximum scores in all areas. This is due to a huge effort on the part of the whole practice team and should show real benefits to patients too. The better management of conditions such as diabetes, high blood pressure and coronary heart disease will, in the long run result in better quality of life, fewer complications and reduced mortality.

Beta blockers for High Blood Pressure

In late June, there was a lot of media coverage about new NICE guidance regarding the use of Beta Blockers for high blood pressure.

The basic message is that if you are taking a Beta Blocker for high blood pressure, you should continue the medication for the time being and discuss treatment options when you next attend for review of your blood pressure. Beta Blockers are not dangerous when used for blood pressure, but are no longer considered to be first choice treatment. More information can be obtained at www.bpassoc.org.uk/information/medguide06.pdf

Beta blockers are also used for other conditions such as angina, heart failure, anxiety disorders and migraine. Patients taking Beta Blockers for these reasons should continue taking them as the new guidance relates only to hypertension (high blood pressure).

Practice Based Commissioning (PBC)

Practice Based Commissioning is a recent initiative from the Department of Health whereby GP practices or groups of practices can elect to hold a budget for the cost of the health care provided for their patients in hospital, both as inpatients and outpatients. The realisation that every test, every appointment, every attendance at A&E and every admission carries a cost is quite new to many doctors and nurses. The costs are also quite frightening in many cases.

This practice has been working closely with South Gloucestershire PCT and with other practices on changes relating to PBC. As well as using hospital services wisely to ensure value for money and good patient care, we are exploring other ways of managing a number of conditions.

The PCT have established a number of community based clinics as an alternative to hospital-based services. For example, community-based clinics are available for Dermatology, Rheumatology, Pain Management, Epilepsy, Paediatrics, Heart Failures and others are being developed. These clinics are provided from various bases within South Gloucestershire and are run by staff who have had further training in that particular area. The doctors and nurses also maintain close links with the hospital specialist services. The community based clinics are generally more convenient for patients, have shorter waiting lists and provide better value for money.

This practice is part of a collaborative group of practices who are developing a community based service for patients with suspected deep vein thrombosis (DVT). We are hoping to commence this service in the autumn.

We are also hoping to change our arrangements for monitoring those patients who are taking anticoagulant drugs such as Warfarin. We will be introducing a "one stop" service where the blood test and dosing will all be carried out within the practice at the time the patient attends.

Other areas we are looking at include a practice-based clinic for follow-up of Rheumatology patients whose condition is stable.

We are also responsible for our prescribing budget which this year is set at almost £1.3 million. Patients can help us use the budget wisely by only ordering those repeat medications which are really needed, avoiding stock piling medicines at home and informing us if some medications are no longer required. We continue to work closely with the PCT pharmacy advisers to ensure that we prescribe medications only when they are really needed and in the most cost effective way. From time to time we may suggest changes to a persons medication where a better treatment is available or a more cost effective option is available.

Chronic Kidney Disease (CKD)

It is now recognised that many patients have some degree of impaired renal (kidney) function. New guidelines have recently been introduced which emphasis the importance of identifying patients who have the early stages of CKD and treating them more effectively to help prevent the subsequent development of renal failure, requiring dialysis or transplantation.

Over coming months we will be paying close attention to these new guidelines and will be offering blood and urine tests to many of our patients who are on treatment for high blood pressure, coronary artery disease and diabetes. There are of course other causes for CKD, but it seems that people with the conditions above are at particular risk.

The good news is that many of the risk factors for CKD are the same as for high blood pressure, coronary artery disease, stroke and diabetes. So the lifestyle factors which we should all pay attention to are much the same for all these conditions.

- avoid or stop smoking
- take regular physical exercise
- eat ^{day}healthily (low fat, low salt, 5 portions of fruit and veg each day)
- keep weight down
- moderate alcohol intake

Medical treatments for all these conditions include

- support to help patients stop smoking
 - strict control of blood pressure
 - identification and good control of diabetes
- treatment of high risk patients who have raised cholesterol levels
More information to follow in future edition!

Dr Graham Deakin



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Fax: 0117 9406966



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7DA

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OPENING TIMES:

Stoke Gifford Medical Centre: 0815-1230, 1330-1815 weekdays

Conygre Medical Centre: 0830-1200, 1330-1800 weekdays

(Conygre Medical Centre is closed on Fridays from 12 noon)

WEBSITE: www.stokegiffordmedical.co.uk www.conygremedical.co.uk

*If you need urgent medical advice when the
medical centre is closed, telephone this number:*

0845 1205585

NHS DIRECT For simple health advice call **0845 4647**

DOCTOR'S CONSULTING SESSIONS															
	Mon			Tue			Wed			Thurs			Fri		
	am	aft	pm	am	aft	pm	am	aft	pm	am	aft	pm	am	aft	pm
GD				S		C			C		S		S		S
JJ	C		S	S		S				S	S		C		
CE				S	S					S		C	S		
JB	C		S				S	S		C					S
KA	S	S					C		S				C		
MW	S		C				S		S	C				S	
KH				C	C		C								
BF	S	S		C		S	S						S	S	
ZR	S		C				S	S		S		S	S		

KEY: doctors are indicated by initials

am = 8.30-11 aft = 2-4pm pm = 3.20-5.30

C = Conygre Medical Centre S = Stoke Gifford Medical Centre

*The plan is a guide - there will be variations due to holidays,
professional development etc*

healthspace

Issue 13 July 2006

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Dr Carolyn Ellis

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Dr Monica Warnock

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Practice Manager:

Mary Nicholls

helping patients make the most appropriate use of the services provided

promoting the health of the whole person

promoting the health of the whole community

discussing items of general medical interest

questions, comments and

suggestions are welcome

*

Mission Statement

"we aspire to be a friendly forward-looking medical practice offering a high standard of care within a supportive team sensitive to the needs of the whole person"

*

Edited by Dr Jonathan Jelfs &

Emily Nicholls

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